
Vision Program



Learning Objectives

- Eligibility
- Active and retiree plan summaries
- Enrollment process
- Important reminders

Eligibility

- Similar to other benefit plans
- Dual coverage is allowed
- California Correctional Peace Officers Association (CCPOA) vision coverage
- Rank and File in BU6 (R06) not eligible for state's plan as active employees
- R06 employees eligible upon retirement



Plan Summaries

Benefit Category	Basic Plan Active & Retirees	Premier Active & Retirees
Exam	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frames	Every calendar year	Every calendar year
Lens Options	Tints/Transitions	Tints/Transitions
Frame Allowance	Up to \$75	Up to \$200
Costco Frames	N/A	Up to \$110
Contact Lenses	Up to \$100 Exam/Lens/Fitting	Up to \$200 Exam/Lens/Fitting
Exam & Lens/Frame Copay	\$10 Exam;\$25 Lens/Frame	\$10 Exam;\$25 Lens/Frame
Special Lens Copay	\$31 - \$105	\$15 - \$120

Member Benefit Summary – Active Employees



A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM THE STATE OF CALIFORNIA AND VSP.

As aVSP member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyecon®—the VSP preferred online retailer.*

QUALITY VISION CARE YOU NEED.

You'll get great care from aVSP network doctor, including aWellVision Exam®—a comprehensive exam designed to detect eye and health conditions.



LOOK INTO THE VSP PREMIER PLAN!

Upgrade your plan to enjoy a \$200 frame allowance and the option to shop retail. Plus, get additional coverage for lens enhancements.

See the back page for details.
Expires 2020-06-24 17:23:13

We should delete this because it only applies to premier members since State of CA employees don't really have access to Visionworks and only premier has the other retail options.

GET YOUR PERFECT PAIR

EXTRA \$20 TO SPEND ON FEATURED FRAME BRANDS**

UP TO 40% SAVINGS ON LENS ENHANCEMENTS

ENHANCER COUPLER COLE HAAR KLEINER LACROSSE NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS

Enroll in VSP or make changes 9/21/2020–10/16/2020

Contact us: 800.877.7195 or stateofcaemployee.vspforms.com

*Available to Premier Plan members only.

ACTIVE COVERAGE UNDER THE STATE OF CALIFORNIA

The State of California and VSP provide you with a choice of vision plans. Stay with the Basic Plan or upgrade to the Premier Plan for enhanced benefits. Dependents must be enrolled in the same plan as the enrollee.

PROVIDER NETWORK:

Basic Plan: Advantage
Premier Plan: Choice
EFFECTIVE DATE: 1/1/2021



Benefit	Description	Copay	Benefit	Description	Copay
BASIC PLAN Coverage with a VSP Provider					
WellVision Exam®	• Focuses on your eyes and overall wellness • Every calendar year	\$10	WellVision Exam	• Focuses on your eyes and overall wellness • Every calendar year	\$10
PRESCRIPTION GLASSES					
Frame	• \$75 allowance for wide selection of frames • \$95 allowance for featured frame brands • 20% savings on the amount over your allowance • Every calendar year	\$25	Frame	• \$200 allowance for wide selection of frames • \$220 allowance for featured frame brands • 20% savings on the amount over your allowance • \$110 allowance of Costco • Every calendar year	\$25
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year		Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	
Lens Enhancements	• Light-negative lenses • Impact-resistant lenses for adults • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20–25% on other lens enhancements • Every calendar year	\$0 \$31–\$35 \$8.8 \$95–\$105 \$150–\$175	Lens Enhancements	• Light-negative lenses • Impact-resistant lenses for adults • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every calendar year	\$0 \$15 \$0 \$40–\$50 \$95–\$120
Contacts (instead of Glasses)	• \$110 allowance for WellVision exam, contact and contact lens exam (fitting and evaluation) • 15% savings on contact lens exam (fitting and evaluation) • Every calendar year	\$0	Contacts (instead of Glasses)	• \$200 allowance for contact and contact lens exam (fitting and evaluation) • 15% savings on contact lens exam (fitting and evaluation) • Every calendar year	\$0
PRIMARY EYECARE™	• Referral screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration • Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts available for all members • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0	PRIMARY EYECARE™	• Referral screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration • Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts available for all members • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$5 per exam
EXTRA SAVINGS					
Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts available for all members of your WellVision Exam.					
Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.					
Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.					

YOUR MONTHLY PREMIUM

• Employee Only	\$0	• Employee Only	\$8.46
• Employee + One	\$0	• Employee + One	\$16.92
• Employee + Family	\$0	• Employee + Family	\$27.24

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and preferences with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage varies by location. See the back page for details. VSP provides coverage for vision care only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the agent of the corporation through which VSP does business.

**Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and only for plan and purchase selection. Average savings determined after benefits are applied. Ask your VSP network doctor for more details.
VSP Vision Care, Inc. and VSP Vision Exam are registered trademarks. VSP Vision Care, Inc. is a subsidiary of Vision Service Plan, Inc. VSP Vision Care, Inc. is the agent of the corporation through which VSP does business.

Member Benefit Summary – Retirees



A LOOK
AT YOUR VSP
VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM THE STATE OF
CALIFORNIA AND VSP.

As a VSP member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Visionworks® retail locations nationwide.

Prefer to shop online? Use your vision benefits on Eyecorix®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$20 +
TO SPEND ON
FEATURED FRAME BRANDS*
UP TO
SAVINGS ON LENS
ENHANCEMENTS

ENVIGO CROWNLINE COLE HAAN RUDINI
LACOSTE NIKE NINE WEST



SEE MORE BRANDS AT VSP.COM/EXTRAS.



LOOK INTO THE VSP PREMIER PLAN!

Upgrade your plan to enjoy a higher allowance for glasses or contacts. Plus, get additional coverage for lens enhancements. See the back page for details.

RETIREE COVERAGE UNDER THE STATE OF CALIFORNIA
The State of California and VSP provide you with choice of affordable vision plans. Choose the eye care essentials with the Basic Plan, or upgrade to the Premier Plan to give your eyes extra love.

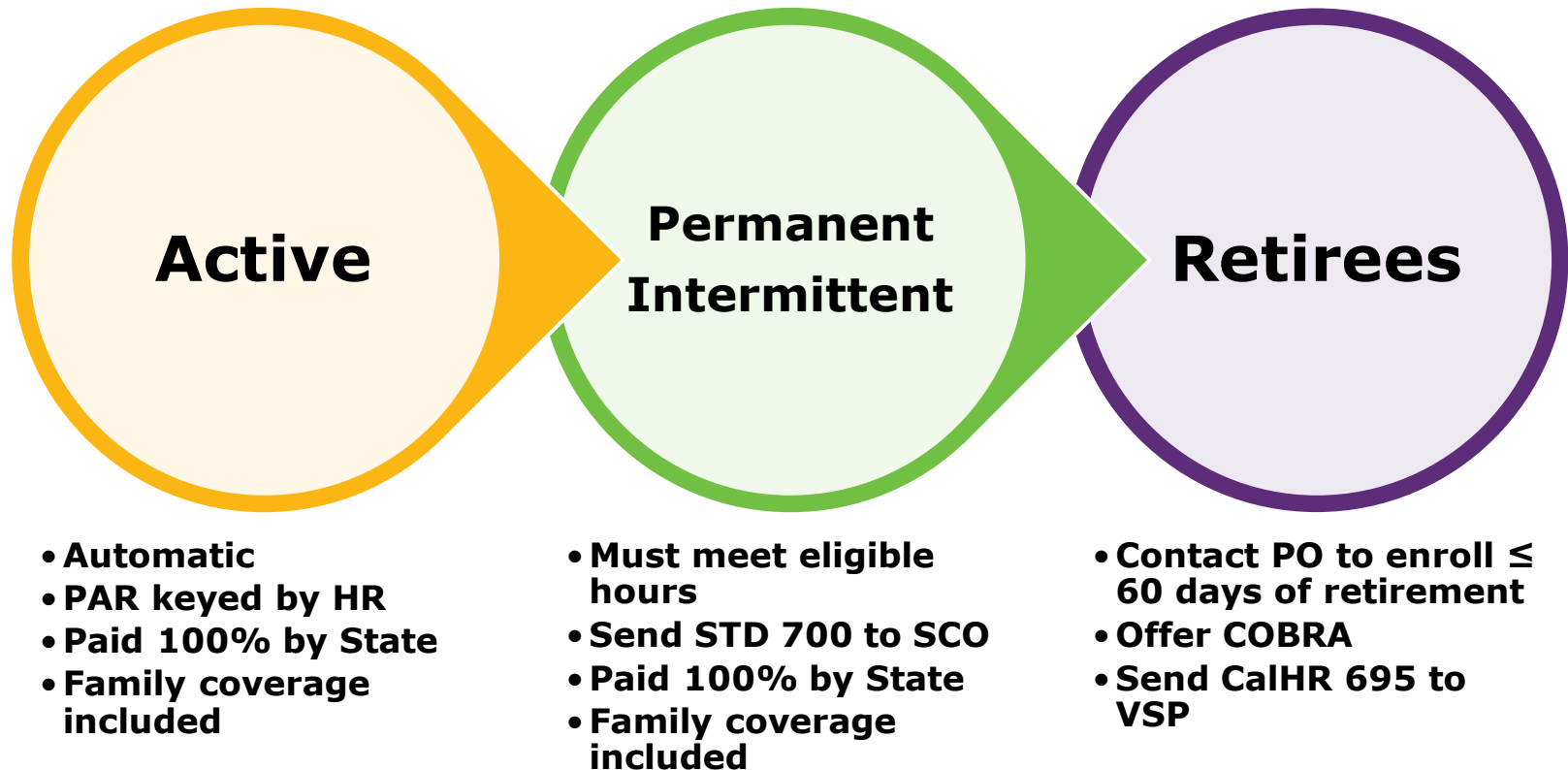
PROVIDER NETWORK:
Basic Plan: Advantage
Premier Plan: Choice
EFFECTIVE DATE:
1/1/2021
VSP
VISION CARE INC.

Benefit	Description	Copay	Benefit	Description	Copay
Basic Plan: Coverage with a VSP Provider					
WellVision Exam®	• Focuses on your eyes and overall wellness. • Every calendar year	\$10	WellVision Exam	• Focuses on your eyes and overall wellness. • Every calendar year	\$10
PRESCRIPTION GLASSES					
Frame	• \$75 allowance for owide selection of frames. • \$95 allowance for featured frame brands. • 20% savings on the amount over your allowance. • \$400 for frame allowance. • Every calendar year	\$25	Frame	• \$200 allowance for owide selection of frames. • \$220 allowance for featured frame brands. • 20% savings on the amount over your allowance. • \$110 for frame allowance. • Every calendar year	\$25
Lenses	• Single vision, lined bifocals and lined trifocals lenses. • Impact-resistant lenses for dependent children. • Every calendar year		Lenses	• Single vision, lined bifocals and lined trifocals lenses. • Impact-resistant lenses for dependent children. • Every calendar year	
Lens Enhancements	• Light-reactive lenses • Impact-resistant lenses for adults • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20–25% on other lens enhancements. • Every calendar year	\$0 \$31–\$35 \$65 \$95–\$105 \$150–\$175	Lens Enhancements	• Light-reactive lenses • Impact-resistant lenses for adults • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20% on other lens enhancements. • Every calendar year	\$0 \$15 \$20 \$40–\$50 \$75–\$120
Contacts (instead of Glasses)	• \$110 allowance for contacts and contact lens exam (fitting and evaluation). • 15% savings on contact lens exam (fitting and evaluation). • Every calendar year	\$0	Contacts (instead of Glasses)	• \$200 allowance for contacts and contact lens exam (fitting and evaluation). • 15% savings on contact lens exam (fitting and evaluation). • Every calendar year	\$0
PRIMARY EYECARE™	• Referral screening for members with diabetes. • Additional exams and services for members with diabetes, glaucoma or age-related macular degeneration. • Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts, is available for all members. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0	PRIMARY EYECARE™	• Referral screening for members with diabetes. • Additional exams and services for members with diabetes, glaucoma or age-related macular degeneration. • Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts, is available for all members. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$5 per exam
EXTRA SAVINGS					
Glasses and Sunglasses	• Extra \$20 to spend on featured frame brands. Go to vsp.com/extras for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam.		Glasses and Sunglasses	• Extra \$20 to spend on featured frame brands. Go to vsp.com/extras for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam.	
Retinal Screening	• No more than \$139 copay on routine retinal screening as an enhancement to a WellVision Exam.		Retinal Screening	• No more than \$139 copay on routine retinal screening as an enhancement to a WellVision Exam.	
Lower Vision Correction	• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		Lower Vision Correction	• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	
YOUR MONTHLY PREMIUM					
• Retiree Only	\$6.41		• Retiree Only	\$17.23	
• Retiree + One	\$12.37		• Retiree + One	\$34.02	
• Retiree + Family	\$13.31		• Retiree + Family	\$36.99	
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS					
Get the most out of your benefits and greatest savings with a VSP network doctor. Call Member Services for out-of-network plan details.					
Coverage with out-of-network providers is self-pay. VSP guarantees coverage from VSP providers only. Coverage information is subject to change in the event of a plan amendment. Information about our organization's contract with you, the terms of the contract and/or applicable laws or regulations may vary by location. In the event of a discrepancy, VSP Vision Care Inc. is the final arbiter of the contract through which VSP does business.					

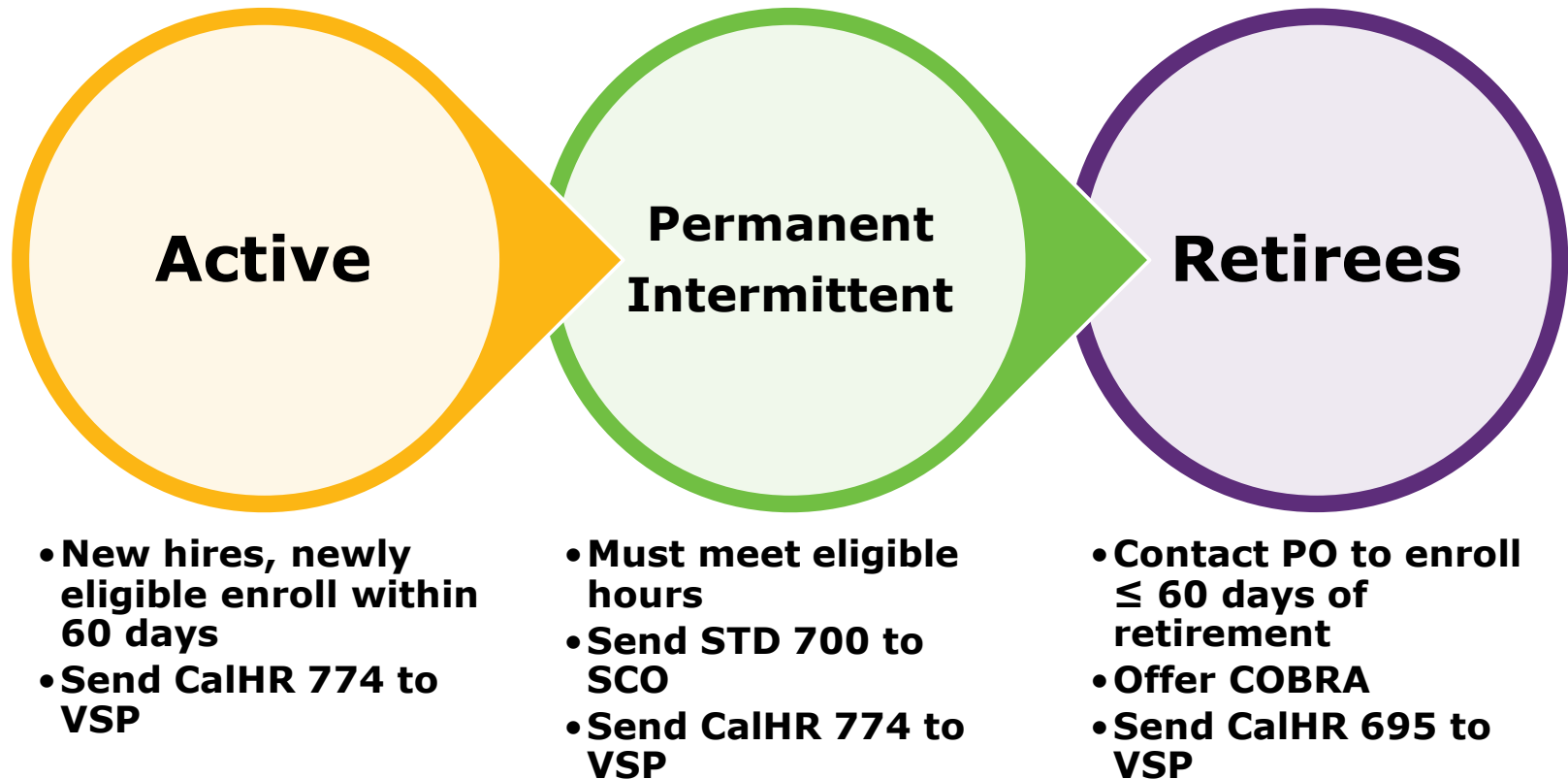
*Only available to VSP members with applicable benefits. Frame brands and promotions are subject to change. Savings based on doctors' retail price and vary by plan and purchase. Member savings determined after benefits are applied. Ask your VSP network doctor for more details.

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Enrollment for Basic Coverage



Enrollment for Premier Coverage



Effective Date – Basic Plan

- 1st of following month when PAR is keyed on or before the 10th of the month
 - Example: Benefits effective February 1st when PAR keyed on January 5th
- 1st of second month when PAR is keyed after the 10th of the month
 - Example: Benefits effective March 1st when PAR keyed on January 20th

Eligible dependents are automatically enrolled in Basic Vision at the same time the employee's enrollment becomes effective.

Effective Date – Premier Plan

- 1st of the month after the employee's warrant reflects both employer and employee contributions
- Basic coverage must be processed by SCO before Premier coverage can be processed by VSP
- 12 month minimum enrollment

Eligible dependents may be enrolled in Premier Vision at the same time the employee enrolls. Dependents may not be enrolled in Basic Vision when the employee elects Premier Vision.

Open Enrollment

- VSP mails information to eligible active employees with updates to provide enrollment guidance and options
- Premier enrollments, changes and cancellations are managed through VSP
- Employees communicate directly with VSP online or by phone

IMPORTANT – VSP will not accept CalHR 774 forms during Open Enrollment, with the exception of newly eligible, permitting events or Permanent Intermittent employees

Direct Payments of Premiums

- First 2-3 months of retiree vision premiums are direct-billed through VSP
- VSP will direct-bill for the cost of the premiums when there are insufficient funds for deductions
- California State Teachers' Retirement System (CalSTRS) retirees are direct-billed

Easy as 1-2-3



Members/dependents may choose to receive services from a VSP Network Provider or other licensed optometrist, ophthalmologist or optician.

Locate a VSP Doctor
(800) 877-7195

www.stateofcaemployee.vspforme.com

Important Reminders

- Process forms promptly! - Don't let sit at an empty desk
- Ensure employees use the correct enrollment form
- Double check forms for completeness and accuracy
- Forward forms to correct agency/vendor for processing
- Relay the correct enrollment process to retirees
- Offer COBRA for employees entering retirement

Important Reminders, 2



**Don't
Forget!**

Send CalHR 774/695 to VSP

DO NOT SEND TO CALPERS!

**Vision Service Plan
Attn: Client Services – MS 422
P.O. Box 997100
Sacramento, CA 95899-9986**

**Email: stateofca@vsp.com
Fax: 916-389-8304**

Send Appeals to CalHR

**CA Dept of Human Resources (CalHR)
Attn: Benefits Division/Vision Program
1515 S Street, North Building, Suite 500
Sacramento, CA 95811-7258**

**Email: vision@calhr.ca.gov
Fax: 855-530-6599**

Resources

- Human Resources Manual
- Benefits Administration Manual
- Website(s)
- Forms